

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED R 08/14/2019
NAME OF PROVIDER OR SUPPLIER CREEKSIDE CENTER FOR REHABILITATION A		STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVENUE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments A Life Safety revisit survey was conducted on 08/14/2019 for the previous deficiencies cited on 07/12/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{N 000}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities

45th day / 70th
6-15-19 / 7-10-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC #1 and recite		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1939	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/12/2019
NAME OF PROVIDER OR SUPPLIER CREEKSIDE CENTER FOR REHABILITATION A		STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVENUE MADISON, TN 37115		
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{N 000}	Initial Comments Stories: 1 Construction Type: NFPA, II (000); IBC, II unprotected Some plans available on site Constructed: 1968 Sprinklered: Yes Census: 130 A Life Safety Code Follow up Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 07/12/2019. During this Life Safety Follow up Survey, Creekside Center for Rehabilitation and Healing was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition). The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by: All penetrations requiring Fire Stop shall be repaired in accordance with a tested and approved Fire Stop System meeting the requirements of ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Firestops. The system used shall be recorded and documentation shall be maintained for the life of the installation. Any Engineering Judgements requires state approval.	{N 000}	N831 The Maintenance Director and a private contractor will perform the proper repairs to the fire stop in all areas noted on the 2567 and will be in full compliance on or before 8/9/19 as follows: a. Gypsum board cross corridor wall at room(s) 42, 41, 17, and 213. b. Corridor wall at room 125 on both sides of the wall. A 100% audit of the building was performed from 7/12/19 through 7/16/19 to ensure no additional improper fire stop, unsealed joints, or improper sheetrock repairs are present in the building. A monthly check of the building will be performed monthly by the Maintenance Director for (3) months July-September 2019 to ensure compliance with N831.	8/9/19
{N 831}	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and	{N 831}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] TITLE **NHA**

(X6) DATE
8/2/19

Division of Health Care Facilities

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{N 831}	<p>Continued From page 1</p> <p>maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Observation on 07/12/2019 between 8:49 AM and 9:40 AM, revealed multiple penetrations by conduits, steel pipes, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 42 (both sides of wall). NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition)</p> <p>2. Observation on 07/12/2019 between 8:49 AM and 9:40 AM, revealed the joint at the deck was not properly sealed; a hole in the wall; and multiple penetrations by conduits, steel pipes, fire damper motor and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 41 (both sides of wall). NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition)</p> <p>3. Observation on 07/12/2019 between 8:49 AM and 9:40 AM, revealed gypsum board missing from wall and multiple penetrations by conduits, metal clad wires, and communication wires not sealed properly including mixed fire stopping and</p>	{N 831}	<p>The results of the monthly audits will be presented in the monthly Quality Assurance meeting to assure compliance with the requirements of N 831 July – September 2019.</p> <p>The Quality Assurance Performance Improvement Committee will include but not be limited to the following: Administrator, Medical Director, Director of Nursing, Unit Managers, Business Office Manager, Social Services Director, Dietary Manager, Housekeeping & Laundry Director, and Maintenance Director.</p>	

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{N 831}	<p>Continued From page 2</p> <p>improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 17 (both sides of wall). NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition)</p> <p>4. Observation on 07/12/2019 between 8:49 AM and 9:40 AM, revealed multiple penetrations by conduits, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 2 hour labeled cross corridor wall at room 125 (both sides of wall). NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition)</p> <p>5. Observation on 07/12/2019 between 8:49 AM and 9:40 AM, revealed multiple penetrations by conduits, metal clad wires, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 213 (both sides of wall). NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition)</p> <p>The Maintenance Director was present when these deficiencies were identified and the Administrator acknowledged these deficiencies during the exit conference (via phone) on 07/12/2019.</p>	{N 831}		

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NAME OF PROVIDER OR SUPPLIER CREEKSIDE CENTER FOR REHABILITATION A		STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVENUE MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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{N 831}	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and	{N 831}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

N/A

(X6) DATE

7/3/19

STATE FORM

6899

3C8S22

If continuation sheet 1 of 3

Division of Health Care Facilities

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{N 831}	<p>Continued From page 1</p> <p>maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Observation on 06/28/2019 at 9:06 AM, revealed multiple penetrations by conduits, steel pipes, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 42 (both sides of wall). During this reinspection, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition) 2. Observation on 06/28/2019 at 9:07 AM, revealed the joint at the deck was not properly sealed; a hole in the wall; and multiple penetrations by conduits, steel pipes, fire damper motor and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 41 (both sides of wall). During this reinspection, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition) 3. Observation on 06/28/2019 at 9:08 AM, 	{N 831}	<p>The Quality Assurance Performance Improvement Committee will include but not be limited to the following: Administrator, Medical Director, Director of Nursing, Unit Managers, Business Office Manager, Social Services Director, Dietary Manager, Housekeeping & Laundry Director, and Maintenance Director.</p>	

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{N 831}	<p>Continued From page 2</p> <p>revealed gypsum board missing from wall and multiple penetrations by conduits, metal clad wires, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 17 (both sides of wall). During this reinspection, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition)</p> <p>4. Observation on 06/28/2019 at 9:09 AM, revealed multiple penetrations by conduits, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 2 hour labeled cross corridor wall at room 125 (both sides of wall). During this reinspection, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition)</p> <p>5. Observation on 06/28/2019 at 9:10 AM, revealed multiple penetrations by conduits, metal clad wires, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 213 (both sides of wall). During this reinspection, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition) NFPA 101, 8.3.6 (2012 Edition)</p> <p>The Maintenance Director was present when these deficiencies were identified and the Administrator acknowledged these deficiencies during the exit conference (via phone) on 06/28/2019.</p>	{N 831}		